

## What causes Barrett's Oesophagus?

Prolonged exposure to stomach acid can lead to the condition *Barrett's Oesophagus*, in which the cells lining the oesophagus become replaced by columnar cells that are similar to those of the stomach or intestine. Since these columnar cells are designed to withstand acid, they protect us against the pain of heartburn, and may lead us to think that our heartburn has improved. But those cells may develop *dysplasia*, a precursor condition that increases the risk of adenocarcinoma, the most common form of oesophageal cancer in the UK.

The chances of Barrett's Oesophagus developing into cancer in the short term are low, but do increase according to how long it has been suffered and its severity.

Diagnosing and checking people for dysplasia does mean that doctors can ensure that if problems do develop, they can be treated at an early stage.

High grade dysplasia can now be treated by either destroying or removing the affected cells through an endoscope (a medical instrument passed down your throat), without the need for surgery.

## Risks of Barrett's Oesophagus turning into cancer

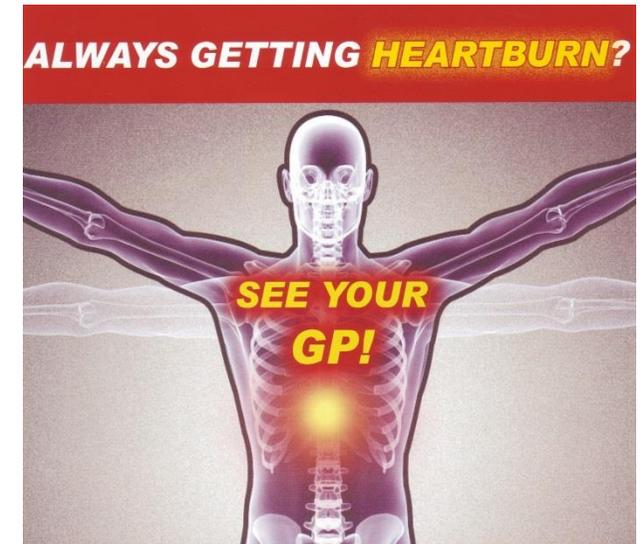
### Diagnosing and checking Barrett's Oesophagus can save lives!

The risk of Barrett's Oesophagus progressing to oesophageal adenocarcinoma is reported in the medical literature as being between 0.3% and 0.6% *per year*, which translates to an *overall lifetime risk* of 7.5-12.5% depending on several factors including duration of the presence of Barrett's. The lifetime risk may be as high as 25% in the unusual but reported situation of a patient living 50 years after Barrett's diagnosis. The situation is complicated, especially from a patient's point of view, by the fact that it is rare to know when Barrett's Oesophagus first starts to develop, as distinct from when it is first diagnosed, although the relevant medical studies have all measured lifetime risk from the time of diagnosis. Risk of progression has been shown to be higher in male patients, concurrent smokers, patients with a family history of oesophageal cancer and long segment length. The presence of low grade or high grade dysplasia multiplies this risk. A specialist investigation and biopsies, followed by surveillance, are therefore important in this situation and may be indicators for intervention with endoscopic eradication therapy at a specialist centre.

---

Supporters of *Action Against Heartburn* are: AUGIS – Association of Upper GI Surgeons; Barrett's Oesophagus Campaign; Barrett's Wessex; BSG – British Society of Gastroenterology; Cancer Research UK; CARD - Campaign Against Reflux Disease; GOSH – Gastro-oesophageal Support & Help, Bristol; GUTS UK (formerly CORE) - Funding research into diseases of the gut, liver and pancreas; Gutsy Group; HCUK - Heartburn Cancer UK; Humberside Oesophageal Support Group; Michael Blake Foundation; OCHRE charity (Scotland); Oesophagoose - National Oesophago-Gastric Cancer Awareness; OOSO - Oxfordshire Oesophageal and Stomach Organisation; OGCancer NI (Northern Ireland); PCSG - Primary Care Society for Gastroenterology; UKBOR – UK Barrett's Oesophagus Registry.

**Medical Advisor: Dr Jason Dunn MB BS PhD MRCP BSc**



## Persistent Heartburn?

**See your doctor!**

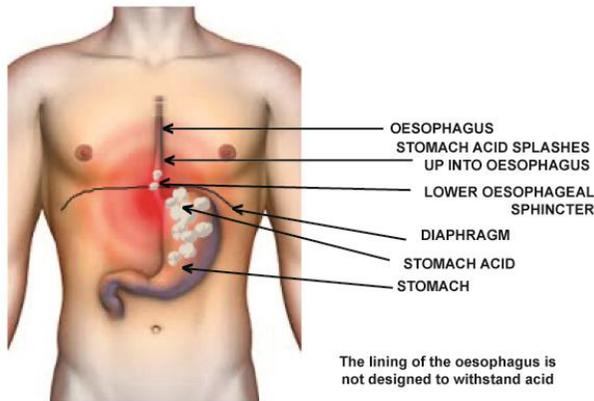
**Follow the medication instructions!**

**Do not keep taking heartburn remedies week after week without seeing your GP to discuss underlying causes.**

## What is heartburn?

Heartburn is a pain or burning sensation felt in the chest near the heart and behind the breastbone. It is caused by stomach acid splashing up into the oesophagus past the valve at our diaphragm that normally stops the acid rising above the stomach. The acid may also give you a sour taste in your mouth, especially at night.

Heartburn symptoms can be relieved by medicine like antacids (eg *Rennies*, *Tums*, *Milk of Magnesia*), alginates (eg *Gaviscon*) or proton pump inhibitors (eg *Omeprazole*, *Nexium*) that switch off stomach acid.



## What causes heartburn?

Heartburn can often be a temporary problem caused by indigestion or a stomach upset, but if it is **persistent** (ongoing for three weeks or more) you should go to your GP to check for underlying causes.

Heartburn can be caused by:

- postural problems, obesity or pregnancy putting pressure on the valve between the stomach and oesophagus
- having a diet high in fatty food (which takes longer to digest)
- the valve becoming too relaxed (eg from consuming tobacco, alcohol, coffee or chocolate)
- a hiatus hernia allowing part of the stomach to rise above the muscles of the diaphragm
- stress

Chest pain can be for reasons other than heartburn and you should always take it seriously.

**Action Against Heartburn  
Before it's too late!**

**Charities promoting earlier diagnosis  
of oesophageal cancer**

[www.actionagaintheartburn.org.uk](http://www.actionagaintheartburn.org.uk)

## Consult your GP

if you have

- persistent heartburn, particularly at night, for three weeks or more.
- persistent indigestion, for three weeks or more
- persistent hiccups or an unpleasant sour taste in your mouth
- difficulty or pain in swallowing food
- unexplained weight loss.

*Do not keep taking over-the-counter indigestion remedies week after week without seeing your GP to discuss underlying causes.*

*Diet, obesity, stress, tobacco and alcohol may contribute to heartburn; there are good reasons for us to address these issues to avoid the risk of more serious health problems.*

*If you have been taking prescribed medicine for reducing stomach acid (like Omeprazole or Losec) for a long period, you should consider asking your doctor to check that the diagnosis of your condition and your medication is still correct.*